

**Report Date:** 02 Feb 2013

**Summary Report for Individual Task  
081-COM-1023  
Perform First Aid to Restore Breathing and/or Pulse  
Status: Approved**

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**Condition:** You see an adult casualty who is unconscious and does not appear to be breathing. You are not in a combat situation or chemical environment. You will need a nasopharyngeal airway (NPA).

This task should not be trained in MOPP. This task should not be trained in MOPP.

**Standard:** Take appropriate action, in the correct sequence, to restore breathing and, if necessary, restore the pulse. Continue until the casualty's breathing/pulse returns, a qualified person relieves you, a physician stops you, or you are too tired to continue.

**Special Condition:** None

**Special Standards:** None

**Special Equipment:**

**Safety Level:** Low

**MOPP:** Never

Task Statements
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**Cue:** None

**DANGER**

None

**WARNING**

None

**CAUTION**

None

**Remarks:** None

**Notes:** Conditions, standards, performance steps, and performance measures match task as it appears in STP 21-1-SMCT, 2 May 2011.

## Performance Steps

### WARNING

The casualty should be carefully rolled as a whole, so the body does not twist.

1. Roll the casualty onto his/her back, if necessary, and place him/her on a hard, flat surface.
  - a. Kneel beside the casualty.
  - b. Raise the near arm and straighten it out above the head.
  - c. Adjust the legs so they are together and straight or nearly straight.
  - d. Place one hand on the back of the casualty's head and neck.
  - e. Grasp the casualty under the arm with the free hand.
  - f. Pull steadily and evenly toward yourself, keeping the head and neck in line with the torso.
  - g. Roll the casualty as a single unit.
  - h. Place the casualty's arms at his/her sides.

Cue: Casualty is unconscious, does not appear to be breathing, and is lying on his or her back.

2. Open the airway.

Note: If foreign material or vomit is in the mouth, remove it as quickly as possible.

### CAUTION

Do NOT use this method if a spinal or neck injury is suspected.

- a. Head-tilt/chin-lift method.

(1) Kneel at the level of the casualty's shoulders.

(2) Place one hand on the casualty's forehead and apply firm, backward pressure with the palm to tilt the head back.

(3) Place the fingertips of the other hand under the bony part of the lower jaw and lift, bringing the chin forward.

Note: Do NOT use the thumb to lift.

Note: Do NOT completely close the casualty's mouth.

CAUTION: Do NOT press deeply into the soft tissue under the chin with the fingers.

## CAUTION

Use this method if a spinal or neck injury is suspected.

Note: If you are unable to maintain an airway after the second attempt, use the head-tilt/chin-lift method.

b. Jaw-thrust method.

(1) Kneel above the casualty's head (looking toward the casualty's feet).

(2) Rest your elbows on the ground or floor.

(3) Place one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears.

(4) Stabilize the casualty's head with your forearms.

(5) Use the index fingers to push the angles of the casualty's lower jaw forward.

Note: If the casualty's lips are still closed after the jaw has been moved forward, use your thumbs to retract the lower lip and allow air to enter the casualty's mouth.

CAUTION: Do not tilt or rotate the casualty's head.

3. Check for breathing.

a. While maintaining the open airway position, place an ear over the casualty's mouth and nose, looking toward the chest and stomach.

b. Look for the chest to rise and fall.

c. Listen for air escaping during exhalation.

d. Feel for the flow of air on the side of your face.

e. Count the number of respirations for 15 seconds.

f. Take appropriate action.

## CAUTION

Do NOT use the NPA if there is clear fluid (cerebrospinal fluid-CSF) coming from the ears or nose. This may indicate a skull fracture.

(1) If the casualty is unconscious, if respiratory rate is less than 2 in 15 seconds, and/or if the casualty is making snoring or gurgling sounds, insert an NPA.

(a) Keep the casualty in a face-up position.

(b) Lubricate the tube of the NPA with water.

(c) Push the tip of the casualty's nose upward gently.

(d) Position the tube of the NPA so that the bevel (pointed end) of the NPA faces toward the septum (the partition inside the nose that separates the nostrils).

Note: Most NPAs are designed to be placed in the right nostril.

## CAUTION

Never force the NPA into the casualty's nostril. If resistance is met, pull the tube out and attempt to insert it in the other nostril. If neither nostril will accommodate the NPA, place the casualty in the recovery position.

(e) Insert the NPA into the nostril and advance it until the flange rests against the nostril.

(f) Place the casualty in the recovery position by rolling him/her as a single unit onto his/her side, placing the hand of his/her upper arm under his/her chin, and flexing his/her upper leg.

(g) Watch the casualty closely for life-threatening conditions and check for other injuries, if necessary. Seek medical aid.

(2) If the casualty is not breathing, continue with step 4 if the tactical situation permits.

Note: If the casualty resumes breathing at any time during this procedure, the airway should be kept open and the casualty should be monitored. If the casualty continues to breathe, he/she should be transported to medical aid. Otherwise, the procedure should be continued.

4. Give breaths to ensure an open airway.

Note: When mouth-to-mouth resuscitation breathing cannot be performed because the casualty has jaw injuries or spasms, the mouth-to-nose method may be more effective. Perform the mouth-to-nose method as follows:

- \* Blow into the nose while holding the lips closed.

- \* Let air escape by removing your mouth and, in some cases, separating the casualty's lips.

a. Insert a face shield, if available, into the casualty's mouth, with the short airway portion over the top of the tongue, and flatten the plastic sheet around the mouth.

b. Maintain the airway and gently pinch the nose closed, using the hand on the casualty's forehead.

c. Take a normal breath and place your mouth, in an airtight seal, around the casualty's mouth.

d. Give two breaths (1 second each), taking a breath between them, while watching for the chest to rise and fall and listening and/or feeling for air to escape during exhalation.

Note: If the chest rises, go to step 7.

Note: If the chest does not rise after the first breath, continue with step 5.

5. Reposition the casualty's head slightly farther backward and repeat the breaths.

Note: If the chest rises, go to step 7.

Note: If the chest does not rise, continue with step 6.

6. Perform chest compressions to clear the airway.

a. Perform chest compressions.

(1) Kneel close to the side of the casualty's body.

(2) Locate the nipple line placing the heel of one hand on the lower half of the sternum (breastbone).

(3) Place the heel of the other hand on top of the first hand on the lower half of the breastbone, extending or interlacing the fingers.

(4) Straighten and lock the elbows with the shoulders directly above the hands.

(5) Without bending the elbows, rocking, or allowing the shoulders to sag, apply enough pressure to depress the breastbone 1½ to 2 inches.

Note: Give compressions at a rate of 100 per minute (hard and fast at a ratio of 30 compressions to 2 breaths) with the intent of relieving the obstruction.

## **WARNING**

Only attempt to remove the object if you can see it. Do NOT force the object deeper into the airway.

b. Look in the mouth for the object between compressions and breaths and if you can see it, remove it.

c. Reopen the airway and repeat the breaths.

Note: If the chest rises, go to step 7. If the chest does not rise, repeat step 6 until the airway is clear.

7. Check for a pulse for 5 to 10 seconds.

Note: Use the first two fingers in the groove in the casualty's throat beside the Adam's apple on the side closest to you. Do NOT use the thumb.

a. If a pulse is found but the casualty is not breathing, continue mouth-to-mouth resuscitation.

(1) Give breaths at the rate of one every 5 to 6 seconds (10 to 12 breaths per minute).

(2) Recheck for pulse and breathing every 2 minutes. If the pulse stops, go to step 8.

(3) Continue until the casualty's breathing returns, a qualified person relieves you, a physician stops you, or you are too tired to continue. If the breathing returns, go to step 9.

b. If no pulse is found, you must perform cardiopulmonary resuscitation (CPR). Continue with step 8.

8. Perform CPR.

a. Position your hands and body for chest compressions as in step 6a.

b. Give 30 compressions.

(1) Press straight down to depress the breastbone 1 ½ to 2 inches.

(2) Come straight up and completely release the pressure on the breastbone to allow the chest to return to its normal position. The time allowed for release should equal the time required for compression.

(3) Give 30 compressions in about 23 seconds (at a rate of 100 per minute).

Note: Do NOT remove the heel of your hand from the casualty's chest or reposition your hand between compressions. However, all pressure must be released from the chest cavity to allow for full chest wall expansion.

c. Give two breaths.

(1) Open the casualty's airway.

(2) Give two breaths (1 second each).

d. Repeat steps 8b through 8c for five cycles or 2 minutes.

e. Reassess the casualty.

(1) Check for the return of the pulse for 3 to 5 seconds.

(a) If the pulse is present, continue with step 8e(2).

(b) If the pulse is absent, continue with step 8f.

(2) Check breathing for 3 to 5 seconds.

(a) If the casualty is breathing, continue with step 9.

(b) If the casualty is not breathing, continue mouth-to-mouth resuscitation (step 7a).

f. Resume CPR with compressions (step 8b).

g. Recheck for pulse every 2 minutes.

h. Continue CPR until the casualty's pulse returns, you are relieved by a qualified person, stopped by a physician, or you are too tired to continue.

9. Once the casualty is breathing and has a pulse, place the casualty in the recovery position until help arrives. Watch the casualty closely for life-threatening conditions, maintain an open airway, and check for other injuries, if necessary.

(Asterisks indicates a leader performance step.)

**Evaluation Preparation:** Setup: For training and testing, you must use a resuscitation training mannequin (DVC 08-15). Have a bottle of alcohol and swabs or cotton available. Place the mannequin on the floor and alcohol and cotton balls on the table. Clean the mannequin's nose and mouth before each Soldier is evaluated. If a mannequin that is capable of testing insertion of an NPA is available, use it to test step 3b. Brief Soldier: Tell the Soldier to do, in order, all necessary steps to restore breathing and pulse. For step 3b, tell the Soldier that the casualty's breathing rate is slow, and have him/her show you (on a mannequin) or tell you what he/she would do to insert an NPA. After step 3, tell the Soldier that the casualty is not breathing. When testing steps 4 and 5, you can vary the test by indicating whether the chest rises or not. If steps 6 and 7 are tested, tell the Soldier that the chest rises after he/she removes the foreign object. When testing step 8, tell the Soldier that a pulse is not found. You can stop the evaluation when the Soldier rechecks for the pulse in step 10. Do not evaluate step 12 in the simulated mode. Note: Reference made to the mouth-to-nose method within the task presents information on an alternate procedure that must be used under some circumstances. This method will not be evaluated.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Rolled the casualty onto his/her back, if necessary, and placed him/her on a hard, flat surface.			
2. Opened the airway using the head-tilt/chin-lift method.			
3. Checked for breathing.			
4. Gave breaths to ensure an open airway.			
5. Repositioned the casualty's head slightly farther backward and repeated teh breaths			
6. Performed chest compressions to clear the airway, if necessary.			
7. Checked for a pulse.			
8. Performed CPR			
9. Once the casualty was breathing and had a pulse, placed him/her in the recovery position. Watched the casualty closely for life-threatening conditions, maintained an open airway, and checked for other injuries, if necessary.			

**Supporting Reference(s):**

Step Number	Reference ID	Reference Name	Required	Primary
	FM 4-25.11	First Aid	No	No
1.	FM 4-25.11	First Aid	No	No
2.	FM 4-25.11	First Aid	No	No
3.	FM 4-25.11	First Aid	No	No
4.	FM 4-25.11	First Aid	No	No
5.	FM 4-25.11	First Aid	No	No
6.	FM 4-25.11	First Aid	No	No
7.	FM 4-25.11	First Aid	No	No
9.	FM 4-25.11	First Aid	No	No

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

**Prerequisite Individual Tasks :** None

**Supporting Individual Tasks :**

Task Number	Title	Proponent	Status
171-126-1040	Evacuate a Wounded Crewman from an M1-Series Tank	171 - Armor (Individual)	Approved

**Supported Individual Tasks :**

Task Number	Title	Proponent	Status
081-COM-1001	Evaluate a Casualty (Tactical Combat Casualty Care)	081 - Medical (Individual)	Approved

**Supported Collective Tasks :** None

**ICTL Data :**

ICTL Title	Personnel Type	MOS Data
Warrior Tasks and Battle Drills	Enlisted	MOS: 000, Skill Level: SL1
Battlefield Weather Course (BWC) (6 Sep 12)		